

Europe's essential workers: Migration and pandemic politics in Central and Eastern Europe during COVID-19

Ruxandra Paul PhD, BA, Assistant Professor of Political Science^{1,2} 

¹Amherst College, Amherst, MA, USA

²Minda de Gunzburg Center for European Studies, Harvard University, Cambridge, MA, USA

Correspondence

Ruxandra Paul, Amherst College, Amherst, MA, USA.

Emails: rpaul@amherst.edu; rpaul@fas.harvard.edu

Abstract

How do countries navigate the tradeoffs between public health and economic reopening? What explains variation in state responses to COVID-19? Historically, governments have tackled pandemics as external, nonconventional security threats, restricting immigration to protect citizens from contagious outsiders. Central and Eastern European (CEE) countries could not frame COVID-19 this way because European integration and free-movement migration blur the line between insiders and outsiders. This article examines the conditions and coalitions that shaped policy outcomes, and argues that migration systems played a double role in policy change: as structures for policy diffusion and as venues for migrants' agency. Governments learned from one another's experiences, but diffusion occurred unevenly according to countries' position within migratory systems.

KEYWORDS

coronavirus, crisis management, diffusion, European integration, migration

1 | INTRODUCTION

In early 2020, governments in Eastern Europe responded to the COVID-19 pandemic with the introduction of restrictive measures, national lockdowns, and border closures. State responses in March and April suggested policy convergence across the region, with the prioritization of the recommendations from public health experts over economic activity and the freedom of movement. In early fall, after a second spike in the number of COVID-19 infections across Europe, policy strategies revealed

a complicated and incoherent patchwork across the region. In contrast to the initial convergence, subsequent responses had little in common aside from trying to prioritize the reopening of economic activity.

Regarding travel restrictions, on September 1, 2020, Hungary became the first Schengen area country to close its borders to international migrants for a second time. Bulgaria required citizens returning from “non-approved countries” without a negative COVID-19 test to quarantine for 14 days. In Romania, while borders remained open, arrivals from certain Spanish regions (including Aragon, Catalonia, the Basque Country, Madrid, and Navarra) were obliged to go into quarantine. Within the European Union (EU), governments did not treat all Central and Eastern Europeans equally. Italy kept its borders open to travelers from EU countries, but required arrivals from Bulgaria and Romania to self-isolate for 2 weeks (POLITICO, 2020). Lithuania required arrivals from countries with cases ranging from 16 to 25 per 100,000 people in the previous 14 days to self-isolate for 2 weeks, and those from countries exceeding 25 cases of infection per 100,000 population to undergo mandatory testing for COVID-19 (these categories included most EU member-states) (Government of the Republic of Lithuania, 2020). Hungary permits business travel, and allows Czech, Polish, and Slovak citizens who had previously booked accommodation in Hungary and who were able to produce a negative COVID-19 test result to enter the country (POLITICO, 2020). Attempting to instill some coherence, on May 13, the European Commission presented guidelines and recommendations to help member states to gradually and safely relaunch free movement and tourism across the EU, and recommended the partial and gradual lifting of travel restrictions after June 30. On September 4, noting that many EU member states had restricted movement into and on their territories, the Commission adopted a proposal for a Council Recommendation to ask governments restricting free movement to coordinate and communicate these policies at EU level (European Commission, 2020a).

What explains the initial convergence and subsequent variation in state responses to COVID-19? What factors shaped how governments weighed the tradeoffs between public health and economic reopening in a pandemic-hit Europe? What political, societal, economic, and international actors contributed to the different ways that the pandemic was framed as a problem (Capano et al., 2020)? This article analyzes the contexts and coalitions of actors that shaped policy processes and outcomes. It investigates the “distinct networks and coalitions of actors” that influenced “core elements of the policy process,” by emphasizing the relationship between instrument constituencies—i.e., sets of actors that manage the ongoing relationship between knowledge, policy strategy, and implementation—and epistemic communities—i.e., networks of experts with a particular knowledge of a policy domain and an authoritative claim to that knowledge (Zito, 2018). This paper argues that the structure of migratory systems, and migrants themselves as political actors played a crucial role in framing COVID-19 as a problem and in determining policy responses in Central and Eastern Europe (CEE).

Migrants have long been both essential to the functioning of modern economies and objects of suspicion, but the COVID-19 pandemic has brought this tension to a head both in migrant-sending and migrant-receiving countries. On the one hand, non-migrants fear the potential for foreign contagion. On the other hand, migrants often care for the elderly and the sick, babysit, and pick the produce that feeds a country's population. The case of Central and Eastern European migrant workers in the EU captures the resulting dilemmas (Paul, 2020).

Studying variation in policy responses to COVID-19 in the context of European integration illustrates the ways in which deeply intertwined polities, societies, and economies struggle to adapt their crisis management strategies to an age of interdependence. Historically, governments framed pandemics as external, non-conventional security threats, and implemented restrictive immigration policies to protect insiders (citizens) from contagious outsiders (Paul, 2015). International travel bans and border closures constituted the first line of defense. After cutting off connections with the exterior,

governments deployed national-level crisis management strategies, assuming that the migration-restrictive response essentially turned a transnational crisis into a “bounded” one. COVID-19 falls in the category of transboundary crises, which exceed geographical, policy, cultural, public-private, and legal boundaries that “normally enable public managers to classify, contain and manage a crisis” (Boin, 2019:94). Aside from the nature of COVID-19 as a transboundary crisis, participating in the EU, an economic and political experiment in supranational integration, blurs the line between insiders and outsiders, particularly when citizens use their right to free movement on EU territory to make a living, manage risk, and solve problems (Paul, 2017). When a country can no longer assume that its citizens are physically present on a national territory, it cannot rely on immigration policy for pandemic containment, because those crossing the border are citizens (insiders), not foreigners (outsiders). When a government knows that millions of citizens work abroad, and relies on their earnings and remittances, it can only sustain international travel restrictions for a limited time. The tradeoff between public health and economic reopening comes to a head in the context of a pandemic-hit continent whose prosperity depends on free-movement migration.

The article bridges the gaps between the literature on policy diffusion and crisis management, on the one hand, and migration studies and European integration, on the other. It examines the conditions and coalitions of actors that shaped policy outcomes, and argues that migration played a key, double role. On a structural level, migration systems determined the spaces in which learning and policy diffusion occurred, creating pressure from above first for lockdowns and border closures, and later for negotiated intergovernmental agreements to establish exceptions that allowed Europe's essential migrant workers to travel even at the peak of the first pandemic wave. On an agency level, migrants themselves mobilized and applied pressure from below to keep the borders porous, first to allow their repatriation in the early days of the pandemic, and then to lift travel restrictions so they could return to work once it became clear that the European economy could not reopen without them. After facing exploitation and unprecedented precarity, many migrants also pushed for better working conditions and for the adoption of stricter rules to protect safety at work. Their protests drew attention from EU authorities and national government officials. Pressure from below was amplified by pressure from above, setting the agenda for further integration in the field of working conditions and grappling with the problem of subcontractor chains responsible for creating distance in the relationship between employers and essential migrant workers.

In the conditions of uncertainty that pandemics create (Versluis et al., 2019), governments learned from one another's experiences, with countries where the pandemic hit later learning from those that had already confronted COVID-19. CEE countries could draw lessons from the successes and failures of policy responses in Western and Southern Europe where many of their citizens worked. As this paper shows, diffusion occurred unevenly according to each country's position within migratory systems.

Countries with large numbers of citizens working abroad in the EU, like Romania, Poland, and Bulgaria, anticipated massive repatriations of intra-EU migrant nationals fleeing unemployment, disease, and lockdowns. They introduced sweeping measures (including social distancing, mandatory wearing of face coverings, the closure of schools and business etc.) and compulsory (sometimes institutionalized) quarantine for returning nationals. Transit countries, like Hungary, also introduced restrictions early on, but adapted them to meet the special challenges associated with migrants crossing through on their route between homelands and destinations. Hungary set up “humanitarian corridors” for essential workers to allow them passage despite international travel bans (in particular, for Romanian migrants returning from the likes of Austria, Germany, Italy, and Spain). Governments thus adopted policies according to their own position in the EU's free-movement system, and anticipated the specific challenges that intra-EU mobility could generate for them.

2 | THE DOUBLE PUZZLE: EASTERN EUROPE BETWEEN SUCCESS AND SURGE

In the early stages of the pandemic, CEE emerged as a surprising success story (Walker & Smith, 2020). Post-communist countries demonstrated remarkable resilience to COVID-19. Even the worst hit CEE states had case counts, incidence rates (numbers of infections per 100,000 people), and death rates that were much lower than those of Western Europe, as Table 1 illustrates. *The Wall Street Journal* wrote that Eastern Europe could teach the West a lesson about COVID-19 containment (Pancevski & Hinshaw, 2020).

In spring 2020, over 1.5 million citizens returned to Romania from high-risk zones in countries where COVID-19 had spread, including Italy, Spain, Germany, Austria, and the United Kingdom. Despite the high contagion potential of this migratory wave, the country registered 16,000 confirmed cases and 1,016 deaths by mid-May, a relatively strong containment outcome for a population of 19.4 million (Romania Insider, 2020a). In Poland, a country of about 38 million, the virus seemed well-contained in spring, with only around 1,300 reported infections and 16 deaths by late March (Castle, 2020). Like Romanian migrants, many Polish workers repatriated after losing their jobs in hospitality, agriculture, caring, and construction. After the Polish government announced its decision to close the borders and to suspend regular air travel on March 15, the prime minister's office and LOT Polish Airlines launched Operation #FlightHome, a repatriation program/air bridge that lasted from March 15 to April 5 and that commissioned 388 flights to help 54,000 Poles return home from abroad (Poland In, 2020). Many more Poles repatriated outside the auspices of the program. "It is well and truly a Dunkirk in reverse," said a senior diplomat from a major EU member state about temporary

TABLE 1 Western and Eastern Europe: Confirmed COVID-19 Cases and Incidence Rates (Cases per 100,000 People) (June 28, 2020)

Western Europe			Central and Eastern Europe		
Country	Cases	Incidence rate	Country	Cases	Incidence rate
Austria	17,654	196.02	Bulgaria	4,625	66.56
Belgium	61,295	528.88	Croatia	2,691	65.55
Denmark	12,675	222.28	Czech Republic	11,423	106.67
France	199,473	305.6	Estonia	1,987	149.79
Finland	7,237	129.91	Hungary	4,142	42.88
Germany	194,693	230	Latvia	1,116	59.11
Ireland	25,439	515.19	Lithuania	1,815	66.67
Italy	240,310	389.8	Poland	33,907	89.59
Luxembourg	4,242	677.66	Romania	26,313	136.78
Netherlands	50,355	295.87	Slovakia	1,664	30.48
Norway	8,853	162.94	Slovenia	1,581	76.05
Portugal	41,646	408.43			
Spain	248,770	501			
Sweden	65,137	644.97			
United Kingdom	312,640	460.54			

Data sources: Johns Hopkins Coronavirus Resource Center, <https://coronavirus.jhu.edu/map.html>, and Statista.com.

work migrants leaving the United Kingdom (Nardelli, 2020). Despite the massive wave of return migration from West to East, CEE countries contained the spread of COVID-19 in early 2020.

Many have tried to explain this puzzling contrast between the overwhelmed West and resilient East in Europe. Among epidemiologists, some hypothesized that the BCG (Bacille Calmette-Guérin) vaccine, widely administered in CEE against tuberculosis, may have boosted immune systems in ways that protect populations from COVID-19 (Branswell, 2020). Others, including the World Health Organization (WHO), expressed skepticism (World Health Organization, 2020a). Among public health experts, some pointed out that, early in the outbreak, Eastern European countries responded swiftly by implementing national lockdowns, banning public gatherings and events, closing schools and universities, and mandating the wearing of face coverings (Walker & Smith, 2020). The Czech Republic and Slovakia introduced lockdowns before they had recorded any deaths. The Czech Republic closed its schools and borders on March 12, Slovakia introduced a state of emergency the same day, while Poland closed borders, restaurants, and shopping malls as early as March 13 (Pancevski & Hinshaw, 2020). Bulgaria closed its borders in early March and managed to keep the number of infections very low until mid-June. On a randomly selected day, May 26, Bulgaria registered 10 new infections and 5 hospitalizations, while 854 people died in Spain and 521 died in Italy (Nikolova, 2020).

Among political scientists, some claimed that the success story had a darker side. Ivan Krastev argued that, because CEE citizens distrusted national medical systems and authorities, they did everything they could to avoid relying on healthcare institutions or law enforcement, which are widely perceived as corrupt and inefficient. Eastern Europeans, the argument went, took fewer risks and complied with rules to avoid contamination (Walker & Smith, 2020). Among political sociologists and psychologists, while some claimed that containing the spread of COVID-19 required people to have faith in both their government and their fellow citizens (Rothstein, 2020) and found that trust in governments positively correlated with decisions to abide by rules, adopt preventative measures, and utilize clinics (Van Bavel et al., 2020), others pointed to the low levels of public trust that characterize CEE, and wondered whether low-trust societies might be better positioned to cope with a pandemic. As *The Economist* remarked, “when you don’t trust your neighbors to wash their hands, you stand farther away” (The Economist, 2020b).

While these explanations may account for CEE’s initial resilience to COVID-19, they fail to account for subsequent trends. Starting in late spring and early summer, the situation reversed. COVID-19 case numbers surged across CEE at much faster rates than in the West. On June 25, Romania reported 460 new cases. Poland 294, and Bulgaria 128 (World Health Organization, 2020b). On June 29, Romania had 291 new cases, and Poland 193 (World Health Organization, 2020c). In Romania, the case count jumped from 16,000 in May to over 26,000 by the end of June. By mid-September, it stood at 107,011 (Johns Hopkins University & Medicine, 2020b), and Romania ranked 13th in terms of mortality in the world (22 deaths per 100,000 inhabitants) (Johns Hopkins University & Medicine, 2020a). Poland had 75,734 confirmed cases, and 2,237 deaths. The Czech Republic, an EU member state with a population of 10.7 million, registered a national record of 1,382 new infections on September 11, bringing the country’s total number of cases to over 32,400. In early September, Hungary, Slovakia, and Slovenia also recorded their highest daily caseloads since the pandemic began (Roache, 2020). Bulgaria and Romania are the first EU countries for whom another EU member (Italy) introduced quarantine in late July (Nikolova, 2020).

Lack of trust in the system, and concerns about corruption and inefficiency have not changed dramatically since the pandemic began. Indeed, some national surveys showed that government responses to the pandemic first boosted levels of public trust in authorities and government institutions (Birzoi, 2020; Mediafax, 2020). European-level polls conducted when EU member states started reopening their economies presented a mixed picture, showing large numbers of people across the

continent had lost trust in the capacity of the government to act, but citizens' skepticism levels towards the state did not set Central and Eastern Europeans apart from their Western counterparts. In France, 61% have less confidence in government, and a negative perception of their government's performance (Krastev & Leonard, 2020). Immunity levels acquired as a side-effect of BCG mass vaccination stayed constant. Relaxation of restrictions occurred in both Western and Eastern Europe, so it cannot by itself account for the surge of cases in the East.

Thus, the situation presents us with a double puzzle. What explains the quick reaction and the success story? What explains the reversal? This article argues that solving the double puzzle requires an understanding of the structure of free-movement migratory systems and integrated labor markets that connect Western and Eastern Europe.

3 | THE PANDEMIC POLITICS OF MIGRATION: ARGUMENT PREVIEW AND STRUCTURE

European integration and free movement have woven together polities and societies. Before the pandemic, many Eastern Europeans worked as temporary or seasonal workers in other EU countries. Between 3–5 million Romanians and 3–4 million Poles worked abroad, most of them in Italy, Spain, Germany, Austria, and the United Kingdom. When COVID-19 struck destination countries, migrant-sending governments in CEE reacted quickly. The fact that old EU members were overwhelmed raised alarm in Eastern Europe, where institutional performance is much lower. If Western European countries like Italy and the United Kingdom could not handle the pandemic, how could CEE health systems avoid disaster? CEE policy-makers anticipated (correctly) a massive return of citizens working abroad to avoid unemployment, poverty, lockdown restrictions, and falling ill while having limited or no access to healthcare in their host country. While in the United Kingdom, France, and other Western European countries public events and gatherings continued into the second and third weeks of March, CEE governments implemented sweeping measures relatively early to avoid contagion from returning citizens and waves of transiting migrants. Policy decisions took into account the public health risks associated with return migration and transit migration in the context of a pandemic. This contributed to the initial success story in CEE.

Migration also helps us to better understand the reversal and recent surge in COVID-19 cases in the region. When Western European governments assessed their economic situation at the peak of the pandemic (March 2020), they realized that the exodus of Eastern European essential migrant workers had left huge labor force shortages in key economic sectors including agriculture, construction, care-giving and services. Despite unemployment rising to historic highs, Italians, Spaniards, Germans, Austrians, and Brits were in no rush to accept the jobs that had opened up after migrants left. When employers in the UK tried to recruit students and people who had lost their jobs in restaurants and bars, they realized that many of these people were mostly interested in part-time positions and were not willing to work for 12 hours a day like many CEE migrants (Borges & Huet, 2020). Italy predicted a shortage of one million agriculture workers; France needed 200,000; Germany and the United Kingdom needed 400,000 seasonal workers each. With crops rotting in the fields, food shortages and Europe's largest food crisis in decades seemed inevitable. Without people to care for children and aging parents, citizens could not work, and Western European economies could not reopen. In March and April, at the peak of border closures and international travel bans, Western and Southern European governments opened negotiations with CEE governments to establish exceptions and to allow special charter flights and trains to transport tens of thousands of temporary, seasonal workers and carers to workplaces in the West despite lockdowns and border closures. Europe needed

its essential workers. “These workers are essential workers because in this crisis, if we hadn't had them, we would have a food crisis,” said Nicolas Schmit, European Commissioner for Jobs and Social Rights (Borges & Huet, 2020). The focus of policy diffusion thus shifted from epistemic communities of public policy experts to transnational coalitions—instrumental constituencies (Zito, 2018)—interested in reopening European economies.

Economic reopening and avoiding a devastating food crisis took priority over epidemiological concerns. Destination-country governments promised to administer tests, provide personal protection equipment, create conditions for social distancing, and offer medical assistance as needed to seasonal and temporary workers. Instead, employers used subcontractors to hire and deal with CEE essential workers. Long chains of subcontractors enabled employers to avoid responsibility and remain out-of-reach when workers reported being exploited, abused, and exposed to COVID-19 in direct violation of the contracts they had signed. Outbreaks of COVID-19 have affected essential migrant workers across Western and Southern Europe. Chartering flights to urgently bring in tens of thousands of Bulgarian and Romanian workers when borders were still closed undermined the efforts of CEE governments to manage the crisis (Pencheva, 2020). Imported cases have continued to pose a threat to CEE countries where economic reopening and the relaxation of restrictions happened over the course of the summer, as well. In Bulgaria, seasonal workers infected with COVID-19 returned from the Netherlands to receive medical treatment because they lacked access to health care abroad (Radio Bulgaria, 2020). The Bulgarian and Romanian governments have been lax and have not insisted that Western European employers provide comprehensive health insurance for agricultural workers (Pencheva, 2020). Destination countries have avoided the costs of caring for Europe's essential workers and assuming responsibility for the risks associated with return migration in communities of origin. The migrants' homelands are left to their own devices in tackling outbreaks in the communities with high numbers of returnees.

This article concentrates on essential migrant workers from EU-member countries from Central and Eastern Europe. Despite similarities between reported cases of exploitation of, say, Polish and Romanian abattoir workers in Germany, and Moroccan strawberry pickers in Spain, the analysis focuses on intra-EU migrant workers from post-communist countries that joined the Union because these should (in theory) benefit from the special rights and protections derived from their status as European citizens (which include equal treatment with and non-discrimination from native workers, right to free movement on EU territory, economic and social rights in their destination country etc.). Migrants from outside the EU (third-country nationals) have also crossed borders during the pandemic, but their possibilities for collective action rely on different legal bases and cannot invoke pre-pandemic free movement rights or EU citizenship as reference points when applying pressure from below on policy-makers in sending and receiving countries and/or EU institutions. The article analyzes how migratory systems within the EU territory have structured policy diffusion and learning environments, and how CEE countries' position relative to essential worker migration influenced COVID-19 state responses. It also studies how CEE migrants used their status as European citizens and as citizens of their own countries to mobilize. To capture the ensemble of migratory systems on EU territory, the article relies on empirical evidence from countries of origin (e.g., Bulgaria, the Czech Republic, Hungary, Poland, Romania, Slovakia), but also from countries of transit (e.g., the Czech Republic, Hungary), and countries of destination (e.g., Austria, Germany, Italy, Spain, the United Kingdom). Since the analysis seeks to identify interactive patterns of pressure from above and pressure from below, it includes references to actors from different governance levels—European (supranational), governmental (national), and market/civil society (subnational)—that form the coalitions influencing policy responses and policy change.

Exceptional times present polities and societies with a mirror in which they can examine their true face (Snowden, 2019). What does the Coronavirus pandemic reveal about post-communist Eastern European politics, policies, and priorities, one year after the region celebrated three decades of freedom from communism? What does it show about the relationship between Western and Eastern Europe 30 years after the fall of the Berlin Wall, and 75 years after the end of World War II? What does it reveal about the relationship between national and supranational policy levels in the EU? Balancing pandemic containment and economic reopening against the backdrop of European integration and free movement has defined the two dimensions of public policy response to COVID-19 in CEE. On the one hand, governments in the region have tried to limit transmission from returning migrants and transiting migrants to non-migrants. On the other hand, CEE countries have cooperated with Western European counterparts to facilitate the migration of essential workers to Western and Southern countries whose food security and economic reopening depend on migrant labor.

This article shows the ways in which migratory systems influence learning, policy diffusion, and negotiation agreements between EU member states. It also shows the ways in which migrants' agency plays a role in applying pressure from below on national and supranational institutions, affecting policy decisions in migrant-sending and migrant-receiving countries, as well as at the EU level. Migratory systems connect countries creating both opportunities to learn from one another, and constraints when governments wish to restrict migratory flows. EU institutions support economic integration and the lifting of barriers to cross-border movement. Governments in migrant-dependent Western and Southern Europe negotiate to secure migrant workers. Migrants themselves mobilize in support of lifting restrictions and allowing work migration. Pressures from above and below crystallize as coalitions of actors that prioritize economic reopening, despite public health risks. Migrants' mobilization provides a corrective, applying pressure from below on policy-makers to adopt stricter rules regarding work conditions and safety at work. As these signals get picked up by national and supranational institutions, a new impetus for policy change emerges, this time in the direction of further integration across the continent. To the extent that this bears fruit, the pandemic sheds light on the shortcomings of European integration and creates conditions for addressing them by adopting common standards and by cooperating to ensure the costs of public health protection are more equitably shared among stakeholders.

The rest of the article is organized in five sections. The first reviews relevant literature about crisis management, policy change mechanisms (learning, negotiated agreement, and diffusion), and migration policy, and theorizes the structural and agency effects of migration policy on policy responses to crises and public health emergencies, in particular. The second summarizes the measures that Central and Eastern European governments have taken to reduce transmission risks from return and transit migration on their territory in the context of COVID-19, highlighting the structural importance of intra-EU migratory systems as channels for transnational learning and policy diffusion. The third discusses how pressures from above and below resulted in a shift from prioritizing public health at all costs to engaging in gradual reopening, and the arrangements that established exceptions to national lockdowns in both migrant-sending and migrant-receiving countries to allow CEE essential workers to go back to work. The fourth analyzes migrants' mobilization and the ways in which they have applied pressure from below (invoking their rights as citizens, European citizens, and workers) to influence policies in both their countries of origin and destination, as well as by drawing support from EU institutions. The fifth section concludes by reflecting on the impact of pandemic politics on democracy, and the need for international cooperation.

4 | THEORIZING THE STRUCTURAL AND AGENCY EFFECTS OF MIGRATION ON POLICY

The creation of public policy involves several core roles that coalitions of actors assume: they define the policy problem (the problem stream), select policy solutions to address the problem (the policy stream), and sustain the political effort to negotiate and implement viable solutions in response to particular policy problems (the political stream) (Kingdon, 1995; Zito, 2018). In conditions of uncertainty, such as the ones COVID-19 generated, decision-makers' knowledge about the world informs policy processes and outcomes. Interactions between experts, policy actors, and constituencies become crucial to consensus building and policy formulation (Zito, 2018). In the context of COVID-19, public health specialists came together as epistemic communities providing expertise as policy input, defining the pandemic as a policy problem, framing issues for collective debate, assessing the implications of specific policy choices, evaluating the interests at stake, suggesting salient points for negotiations, and legitimizing policy through evidence (Haas, 1992). In contrast with epistemic communities who emphasize knowledge, instrumental constituencies favor particular approaches and strategies (i.e., certain policy instruments) that align with their goals (Zito, 2018). This article shows how migratory systems structured the channels of policy diffusion between epistemic communities within the EU, while migrants themselves provided input based on which instrumental constituencies (e.g. politicians) pressed for policy change.

Describing state responses to the COVID-19 pandemic involves creating inventories and catalogues of measures, as well as evaluating their level in terms of intensity, timing, range of implementation, etc. Explaining national responses requires examining the opportunity and capacity each government has to learn from previous pandemics, from other countries' experiences in the context of the current pandemic, as well as its capacity to implement policies and build political support. The nature of national leadership, the organization of government and civil society, as well as any blind spots towards the vulnerabilities of certain population segments all play a role (Capano et al., 2020).

While numerous other studies evaluate variation in state responses to COVID-19 (Van Bavel et al., 2020; Capano et al., 2020; Krastev & Leonard, 2020), very few consider migration as a variable. This occurs despite the fact that migration policy typically plays a central role in pandemic politics and policy responses. Researchers note that governments adopt public policies through different pathways, like learning, negotiated agreement, and diffusion or transfer (Weible et al., 2020), but the literature on policy change does not consider the impact that migration and migrants may have on learning environments, international cooperation, and policy diffusion. This article seeks to contribute to the fast-evolving literature on COVID-19 responses and pandemic politics by drawing attention to the ways in which migratory systems facilitate learning and policy diffusion, and generate pressure from above (via migrant-receiving country governments and supranational institutions) and below (through migrant mobilization) that shapes policy responses.

Historically, governments have relied on lockdowns, isolation, and quarantines to protect against contagious diseases. Policy-makers have often framed epidemics as nonconventional security threats (Totten, 2015). In this framing, immigration policy gets deployed as a tool to protect citizens from external threat (Paul, 2015). The COVID-19 pandemic shows the extent to which differentiating between internal and external has become impossible in the age of globalization and European integration. In the case of migration within the European Union, the line between internal and external becomes blurred: European citizenship enables people to cross the EU's internal borders freely, without needing a visa or work permit. Freedom of movement allows Europeans to live, work, study, and travel within the Union's borders without restrictions. As a result, many Central and Eastern Europeans work and study in other EU member states, and most maintain a residence and strong ties in their

homeland (Boswell & Geddes, 2011; Burrell, 2009; Holtslag et al., 2013; Maas, 2013; Paul, 2013; Recchi, 2015). In this context, border closures cannot provide sustainable protection from pandemics, and restrictive immigration policy cannot turn the “transboundary crisis” into a “bounded” problem (Boin, 2019). The pandemic threat can no longer be framed as “external,” since those carrying the virus are no longer foreigners, but conationals trying to repatriate when their lives and livelihoods are threatened abroad.

Not all countries are equally capable of fighting a pandemic. Research seeks to explain variation in the nature and level of policy capacity. Governments have different opportunities and capacities to learn from previous pandemics (some have had experiences with them, while others have not, or those experiences may be too distant in time for learning to occur). Governments also differ in their capacity to learn from other countries, and to implement and build political support for a particular plan of action, once a strategy is designed. The nature of national leadership, organization of government institutions and civil society, as well as varying knowledge and awareness of the vulnerabilities of certain population segments to the pandemic influence policy transfers and negotiated agreements (Capano et al., 2020). Migratory systems create opportunities and pressures for countries to adapt to a pandemic: the intensity and nature of migratory flows influences the level of pressure for policy change coming from above and from below. Some countries find it easier to close borders for long periods of time (e.g., transit countries like Hungary). Others, who rely economically on migratory flows and remittances, cannot sustain long-term travel bans.

Managing infectious diseases requires understanding migration and mobility: who moves, their motivations, their itineraries, etc. (Deane et al., 2010). Global health crises like Ebola involved processes of global rather than local or national epidemiology. Policy responses involved designing “specific migration-focused surveillance, detection and interpretation systems” (Gushulak & MacPherson, 2004). Central and Eastern European governments have known since the end of the Cold War that a large proportion of their labor force works abroad, in other EU member states. Aside from embassies and vast consular networks, many CEE governments have specialized institutions that manage the relationship with citizens abroad (e.g., the Department for Romanians Abroad, the Council for Work with Bulgarians Abroad, the Department for Cooperation with Polish Diaspora and Poles Abroad, etc.). These institutions connect countries of origin and countries of destination via formal channels through which information flows. Diffusion also happens through informal channels, through the transnational networks that migrants maintain with their families and friends from back home, and acquaintances in receiving countries and across Europe (Anghel, 2013; Bilecen & Sienkiewicz, 2015; Boccagni et al., 2016; Faist & Sieveking, 2011; Mau et al., 2008). As a result, when COVID-19 ravaged Western and Southern European countries, CEE governments got input from both formal and informal channels. Based on this input, they anticipated the level of repatriations and proactively set up protocols to contain the spread of the disease through “imported cases.” By contrast, Western and Southern European governments could not predict where the first cases might originate and were slower in introducing restrictions.

During the COVID-19 pandemic, countries have struggled to tackle the tradeoffs between public health and economic reopening. The “liberal paradox” manifests itself acutely in global health crises, as states have to balance economic pressures to maintain international openness (migration, trade) with domestic political forces pushing for closure (Hollifield, 2004, 2007). In the case of COVID-19, economic and political pressures did not align with the domestic-international divide, and the line between internal and international remained blurred. In the first phase of the COVID-19 pandemic, policy-makers based their decisions on information coming from transnational epistemic communities of public health experts who had confronted the disease. These epistemic communities reached consensus on the need to impose lockdowns, close borders, ban international travel, and limit migration

and economic activity to avoid disaster. In an interdependent Europe, these recommendations and the resulting policies adopted across the continent caught many work migrants unprepared, on the “wrong side” of borders that previously did not impede their passage. Repatriating citizens pushed back against travel bans and border closures, demanding their rights as insiders to their homeland’s protection. As returnees mobilized, they joined instrumental constituencies pushing for policy change. Responding to these pressures from their own citizens, from government officials in other countries trying to negotiate agreements, and from EU-level officials (in particular, the European Commission), homelands selectively relaxed interdictions to fulfill their obligations towards expats and under international agreements. In the second phase of the COVID-19 pandemic, instrumental constituencies including economists, employers (e.g., farmer lobbies in Germany, Italy, Spain, the United Kingdom, etc.), and national and EU officials, discussed the negative consequences of prolonged lockdowns and argued for economic reopening. Employers and employees across Europe pushed back against border closures: countries of destination were facing the prospect of disastrous labor, food, and care shortages, while countries of origin feared mass joblessness and discontent among repatriates.

Existing literature on public health policy warns that misrepresenting and oversimplifying migratory flows undermines the effectiveness of policy responses, because it usually leads governments to underestimate the need for cooperation. This results in counterproductive measures that fail to prevent the spread of infectious diseases and jeopardize the human rights of already vulnerable groups like temporary and seasonal work migrants, asylum seekers, and displaced persons. Cross-border bilateral arrangements perform poorly in the fight against highly contagious diseases that are untreatable (as was the case with Ebola and is the case with COVID-19); such diseases are difficult to contain under the best of circumstances (Paul, 2015; Youde, 2014). Since the nineteenth century, international law has provided a framework to help harmonize inconsistent quarantine regulation, facilitate the exchange of epidemiological information, establish international health organizations, and standardize screening (Aginam, 2002). Once again, however, in the case of the COVID-19 pandemic, despite initial policy convergence around the advice of epistemic communities, countries developed solutions on their own, under the pressure of instrumental constituencies, rather than engaging in more robust cooperation, rooted in the international organization architecture and/or through EU institutions. The European Commission and the European Parliament have attempted to promote coherence across member states, but the impact of their efforts remains limited.

5 | CENTRAL AND EASTERN EUROPE'S SUCCESS STORY: MIGRATORY SYSTEMS AS POLICY DIFFUSION CHANNELS

Before the COVID-19 outbreak, between 3 and 5 million Romanians worked abroad (primarily in Austria, France, Germany, Italy, Spain, and the United Kingdom), with the majority concentrated in the agricultural, construction, and caring sectors. About 3–4 million Poles, and between 1 and 2 million Bulgarians worked abroad in the EU. When the pandemic ravaged the migrants’ countries of destination, migrants’ homelands followed closely the unfolding situation in countries where many of their nationals worked. They noted the dangers associated with indecisiveness, and shuddered at the Italian tragedy. As migrant-receiving countries closed their borders, migrants lost their jobs or were chased away. Countries of origin anticipated a massive wave of returns from high-risk zones. Migratory systems not only provided theoretical opportunities to learn from other countries’ mistakes, but also communicated the need to act swiftly. Many Central and Eastern European countries instituted national lockdowns before they had any deaths from COVID-19. In the region, the first cases of COVID-19 were “imported cases,” i.e., citizens arriving from Western and Southern

Europe. In Romania, the country with the highest number of citizens working in other EU countries, COVID-19 arrived from Italy in late February. Over 1.5 million Romanian workers repatriated during the first pandemic wave. In Poland, migrant workers fleeing from Germany, Italy, and the UK were among the first cases. Over 54,000 Poles took advantage of Operation #FlightHome, a repatriation program/air bridge that lasted from March 15 to April 5 and commissioned 388 flights. Many others returned to Poland by cars, trains, and buses to avoid getting stuck abroad. In Bulgaria, the first cases were community transmission, but people suspected that Bulgarian migrant workers came back home for holidays and brought back COVID-19 to the former industrial towns of Gabrovo and Pleven. Bulgarian authorities estimated that, in March and April, some 200,000 migrants returned from abroad (Bulgaria's total population is about 7 million) (Hristova, 2020).

CEE governments may not have had recent experiences with pandemics themselves, but they had considerable knowledge about the vulnerabilities of certain population segments and their citizens' movements within the EU. Countries in CEE instituted strict lockdowns for several reasons that are directly connected with their positions in the intra-EU migratory system. CEE countries like Bulgaria, Poland, and Romania have fast-growing aging populations. Families live in multi-generational households, many of which rely on remittances. Working age adult children commute to and from their jobs, moving between Eastern and Western Europe frequently. Migrants typically return for Christmas, Easter, and summer vacations. Agricultural workers return when the season is over for a particular crop. This has the potential to place older family members at high risk when migrants return home from a country ravaged by COVID-19 like Italy, Spain, and the United Kingdom (Pencheva, 2020). Furthermore, European integration and free movement led to an exodus of doctors, nurses, and care workers from countries like Bulgaria and Romania to Western Europe (France, the UK, Italy, Spain, Austria, etc.). This causes severe medical care deficits across CEE, where people who live in smaller towns and villages have very limited access (if any) to clinics or hospitals. Incidentally, these are also the areas where many of Europe's essential migrant workers live.

Lockdowns abroad left migrant essential workers unemployed and in danger to get trapped for weeks in foreign countries that did not want them there and had no intention to care for them. On social media, the panic spread when some Romanian expats reported seeing their compatriots fleeing lockdowns that Italian authorities had announced for Lombardy and Veneto. Many migrants traveled South to reach still-open airports where they could board planes to Romania. Others climbed aboard over-crowded trains in Milan Central Train Station. Others packed their cars and drove off (Archip, 2020). Romanian Prime Minister Ludovic Orban and Romanian President Klaus Iohannis both urged Romanians working abroad not to come back for Easter or holidays to avoid a public health disaster. Politicians and journalists constantly compared COVID-19 trajectories in Western and Eastern Europe. When migratory flows continued despite governmental appeals, policy-makers banned international travel, closed borders, and declared state of emergency.

While some CEE migrants tried to escape border closures abroad, others fled lockdowns in their own countries. Bulgarians, who had first fled the United Kingdom in March, learned of their government's intention to close borders and, to avoid being locked out of their agricultural jobs in the UK, decided to return abroad (M. Nikolova & Balhorn, 2020).

As early as February 21, when the COVID-19 pandemic started in Italy, the Romanian government announced a 14-day quarantine for citizens returning from affected regions in Italy. The next day, five hospitals were designated as isolation centers for new cases, and the government purchased and placed thermal scanners in international airports, and mandated special lines for passengers coming from COVID-19 affected areas. On February 25, all asymptomatic travelers from affected areas were to go directly to quarantine for 2 weeks; others were to self-isolate at home for 14 days. In early-mid March, schools and borders were closed, and authorities banned public gatherings. Some border crossing

points were closed in order to focus on the points with the highest traffic that dealt with the mass repatriation of citizens fleeing from the COVID-19 pandemic in the West. On March 16, Romania instituted state of emergency. A series of military ordinances suspended the activity of restaurants, hotels, cafes, theaters, churches, sport venues, as well as all flights from affected countries. After the first three deaths occurred on March 22, the government instituted national lockdown on March 24, prohibiting people from going outside their homes for reasons other than work, shopping for food and basic necessities, and receiving medical assistance that cannot be delayed. People 65 or older were initially prohibited from going outside; they could only leave their homes between 11 a.m. and 1 p.m., for limited reasons. These measures were later revisited (in late April) to extend the time intervals when elderly citizens were allowed outside (for medical reasons and to take care of relatives or domestic animals), but fines and restrictions were also increased. To verify the reason for going out, employees needed to present a certificate from the employer, and other citizens had to fill out and carry on them a declaration form about each outing that they could present to police when asked. Before international travel was banned in late March—early April, Romanian authorities quarantined everyone returning from Western Europe for 14 days. Thousands were placed in institutionalized quarantine after violating self-isolation rules. Authorities organized transportation to pick up travelers from airport or land border entry points and take them to quarantine locations in hotels near their homes.

Harsh punishments for breaking lockdown executive orders were often questionably applied, generating fear of arbitrary implementation and police abuse. For example, the police caught an old woman who ran into the street to catch a pig that had escaped from her yard, and fined her the equivalent of \$5,000 because she could not present the necessary filled-out paperwork for being outside (Magradeean, 2020). Police handed out 300,000 fines, with a total value of 900 million lei (the equivalent of 187 million Euro). Some police officers shared on social media messages received from their superior expressing frustration at the low level of fines, urging them to “fulfill their duties” in the future, threatening them with extra trainings, and demanding explanatory reports for “very low activity levels.” The messages increased citizens’ suspicions and suggested the possibility that police leadership encouraged officers to fulfill fine quotas using State of Emergency ordinance violations (StirileProTv.ro, 2020b). Following a formal notification from the People’s Advocate Renate Weber, the Romanian Constitutional Court ruled on May 6 that the fines were unconstitutional and could be contested in court because they lacked clarity, precision, and predictability, leaving the determination of what counts as a violation and the sanction level to be applied in each case to the subjective judgment of police officers (Radulescu, 2020). While Romanians did not protest against state of emergency, perceptions of law enforcement abuse and corruption undermined trust in authorities and provided fodder for political polarization. Quarantines and travel restrictions retained popular support due to constant reports of Western European countries being overwhelmed and managing to extricate themselves from the grip of COVID-19 only by shutting down. Migratory systems became learning environments not only for political elites and government officials, but also for average citizens.

In Poland, the country with the second largest number of intra-EU workers, the government closed borders on March 15 at midnight and instituted social distancing measures. All Polish citizens and foreign residents working in Poland returning to Poland were subject to a mandatory 14-day quarantine. Poland had confirmed its first diagnosed case on March 4, the same day as Hungary and Slovenia. On March 9, the government implemented health checks at its borders. On March 12, the first death from COVID-19 led the government to close all schools, cultural institutions, and universities. All shops except grocery stores and pharmacies were closed, and gatherings of more than two people were outlawed. All social activity was restricted much more and faster than in other European countries. Masking and wearing protective gloves in public spaces was mandatory. With the help of the military, police patrolled the streets and used loudspeakers to order people to go home. Walks in the

parks and forests were banned. Citizens had to use a cell phone app to take “selfies” to prove that they were adhering to lockdown (CBS News 2020). On March 20, Prime Minister Mateusz Morawiecki declared the country in a state of “epidemic threat,” despite the fact that the number of infections as a proportion of the population was lower in Poland than in 22 other EU member-states. Poland also postponed its presidential election.

In Hungary, on March 30, through the COVID-19-related state of emergency legislation it passed, Parliament granted Prime Minister Viktor Orban sweeping new powers (plenary powers) to fight the pandemic in his country (to “prevent, manage, and eradicate the epidemic and to avoid and mitigate its effects”). The Prime Minister could govern by decree, without a time limit, and—if he deemed necessary—without parliamentary intervention. The law revised the Hungarian criminal code to allow for jail terms of up to 5 years for those who spread false rumors about the government's pandemic strategy (Kakissis, 2020). Observers pointed out that the government took advantage of the COVID-19 pandemic to continue its power grab and executive aggrandizement strategy, deepening democratic backsliding in the country, and eroding checks and balances. Human Rights Watch described the law as an authoritarian takeover and agreed with the European Commission that the EU could use Article 7 against Hungary. European Commission vice-president Vera Jourova concluded after a thorough examination that Hungary's recently adopted emergency measures had not broken any EU rules (EUObserver, 2020). While Hungarians do not migrate in the EU for work as much as other CEE nationals, their government still had to consider the migratory system to which the country belongs and anticipate the challenges resulting from it. Hungary established strict restrictions to transit migration on its territory, instituting special “humanitarian corridors” for the passage of Romanian and Bulgarian citizens repatriating from Western Europe. Because several of Hungary's COVID-19 cases involved students from Iran, PM Orban prioritized closing universities, and could more easily attribute the spread of Coronavirus to foreigners.

The Czech Republic banned foreign travel and international travel in mid-March, with exceptions for people living in border areas, cargo delivery drivers, and non-Czechs with residence permits. Slovakia banned all travel to and from the country in mid-March, shutting down international airports and halting cross-border train and bus travel.

6 | MIGRATORY SYSTEMS AND EUROPE'S ESSENTIAL WORKERS: ECONOMIC REOPENING, LABOR SHORTAGES, AND PRESSURE FROM ABOVE

The CEE governments' success in avoiding disastrous contagion due to COVID-19 was short lived. As soon as the spring agricultural season started, Western and Southern European governments experienced crippling workforce shortages. The West realized that, with crops rotting in the fields, the most severe food crisis in decades was just around the corner. While initial lockdowns and business closures had chased migrants away, now Europe needed its Eastern European essential workers back.

On March 30, the European Commission published new “practical advice” to ensure that cross-border and migrant workers within the EU, in particular those with “essential professions,” can reach their workplace. The definition of “essential professions” was surprisingly open: “This includes but is not limited to those working in the health care and food sectors, and other essential services like childcare, elderly care, and critical staff for utilities” (Weisskircher et al., 2020). In March and April, at the peak of border closures and international travel bans, Western and Southern European governments negotiated special arrangements with CEE countries to establish exceptions and allow special charter flights and trains to transport tens of thousands of temporary, seasonal workers and caretakers

to workplaces in the West. This was an appealing arrangement for the migrants' countries of origin, which were already experiencing rises in unemployment and did not want to add seasonal migrant workers to the ranks of the jobless. In Romania, Military Ordinance no. 7, which extended national lockdown and suspended flights, road transportation via regular and occasional services in international traffic to and from Europe, the United States, and Iran, also *allowed* irregular charter flights to transport seasonal workers from Romania to Western and Southern Europe. On May 7, an Order of the Transportation, Infrastructure, and Communication Ministry specified the procedures for trains chartered for transporting seasonal workers, including workers who take care of vulnerable persons, between Romania and other EU member states.

British and German companies arranged special flights to bring in Romanian seasonal farm workers. Germany allowed farmers to airlift workers from Bulgaria (Eddy, 2020). Officially, the German government allowed the entry of a total of 80,000 seasonal workers (40,000 in April and 40,000 in May), a number much lower than the 300,000 workers German farmers had requested. Romanian journalists reported that countless flights continued to transport workers in violation of existing restrictions on local transportation and quarantines in Romania, based on informal understandings between German recruiters and Romanian authorities. Private recruitment agencies in Poland published hundreds of seasonal work ads for jobs in Germany, the Netherlands, and the United Kingdom. Austria recruited care workers from Romania and Bulgaria to provide assistance to Austrians infected with COVID-19. In April, Austria used chartered flights to bring essential workers back. Later, in May, a weekly night train connection started operating instead. Care workers from Slovakia, the Czech Republic, Hungary, and Slovenia reported continuing to commute and work during the pandemic (Andriescu, 2020). Civil society actors across the region reacted to these developments, asking governments to take steps towards reducing the precarity of migrant workers. In an open letter from March 31, the Bulgarian trade union Podkrepa demanded that the Bulgarian government either stop migrants from leaving the country (by providing them with minimal basic income during the crisis) or negotiate more assertively with migrant-receiving countries to ensure that the economic rights and health of seasonal workers were protected, and that migrants would not be sent back to Bulgaria if they get sick (Weisskircher et al., 2020). Dozens of European NGOs, unions, and foundations called on the EU to protect essential farm workers' rights.

CEE countries are not only countries of origin for intra-EU migration. Many of them have, in recent years, relied on migrant labor from Europe and elsewhere instead of increasing the wages of native workers. Bulgarian employers have lobbied the government to "import" cheaper labor from third countries like Moldova and Ukraine (Weisskircher et al., 2020). As a migrant-receiving country, Hungary experienced workforce shortages and increased the number of border crossings points (from three to eight) to restart the agricultural sector and allow Romanian workers to return. Austria pressured Hungary to relax border restrictions because it too needed Eastern European farmhands, which it typically recruits from both Hungary and Romania. Poland has also experienced workforce shortages. In recent years, an average of around one million migrant workers (mostly from Ukraine, Belarus, Georgia, Uzbekistan, etc.) have filled jobs in agriculture. Polish farmers have pressured the government to lift restrictions to allow for a smoother recruitment of foreign workers to harvest soft fruit (like strawberries) and asparagus. Overburdened consulates, a 14-day quarantine requirement and few open border crossing points are some of the key factors preventing migrants from coming back to Poland (Erling, 2020).

Market actors (both employers and employees) together with civil society groups and pro-EU political forces have thus come together to oppose the extension of border closures and international travel bans. These instrumental constituencies gained visibility while the message of epistemic communities of public health experts grew increasingly stale over time. Instrumental constituencies intervened in

policy-making processes at all three levels: in the problem stream, to highlight the dangers COVID-19 restrictions pose to national and European economies; in the policy stream, to support the selection of policy solutions for economic reopening; and in the political stream, to contribute to the political effort to negotiate and link viable solutions to policy problems (Kingdon, 1995).

Since mid-May, Poland has dismantled lockdown restrictions, and most businesses have reopened. The country lifted travel restrictions with EU member states on June 13. The European Center for Disease Prevention and Control warned in a rapid risk assessment report that Poland had not passed the COVID-19 peak, but pressures from above and from below in favor of economic reopening were too strong to reverse course.

Hungary introduced on June 20 legislation revoking state of emergency, but many pointed out that relaxation would not necessarily restrict the new powers Prime Minister Orbán acquired as a result of the pandemic. Human rights organizations and activists warned that legislation criminalizing what the government deems to be fear mongering and the spread of misinformation might persist after the pandemic ends. In June, lawmakers in the European Parliament demanded that Viktor Orbán's government be sanctioned for using COVID-19 for a power grab. Human Rights Watch warned that the bill to end state of emergency perpetuated rule by decree (Gall, 2020).

7 | ESSENTIAL WORKERS AS POLITICAL ACTORS: PRESSURE FROM BELOW

The previous sections examined the structural impact of migratory systems as channels for policy diffusion, learning, and negotiated agreements. This section provides the complementary perspective (bottom-up and agency driven), and links over-time variation in policy responses to COVID-19 to migrants as political actors. During the pandemic, intra-EU migrants from Central and Eastern Europe mobilized to push for change both in their countries of origin and in their countries of destination. Their protests concerned three priorities: repatriations, working in the EU, and work conditions abroad. These areas of mobilization correspond to three categories of rights that migrants have sought to protect during COVID-19: their rights as citizens of their homelands (during massive repatriations from Western and Southern Europe), their rights as European citizens (to freedom of movement and work in other EU member states, to medical assistance and social protection, to freedom from discrimination), and, finally, their rights as employees (safety at work, freedom from exploitation, payment for work according to contract terms etc.). In a nutshell, migrants pushed for keeping the borders open, and for improving work conditions and ensuring safety for essential workers during the pandemic. Both policy lines reinforce European integration, prioritizing open borders, labor market access, and harmonization of work conditions in ways that make economic reopening and public health protection compatible. They also align with the agenda of instrumental constituencies discussed above, and join migrants with the coalitions that favor economic reopening. This section examines these three kinds of migrant mobilization in detail, and the pressure from below that migrants have applied on policy-making in Europe during COVID-19.

The first type of migrant mobilization targeted governments in migrants' countries of origin and urged them to live up to their obligations as homelands, specifically by allowing migrants to repatriate as swiftly and smoothly as possible. When COVID-19 struck in Western and Southern Europe, many CEE essential migrant workers lost their jobs or faced uncertain living conditions in their receiving countries. As Europe's economies closed, intra-EU migrants feared getting trapped abroad due to lockdowns, border closures, and international travel bans. Newspapers and social media accounts reported about the exodus of CEE essential migrant workers from West to East (Castle, 2020). The *en masse*

homecoming overwhelmed authorities in the migrants' countries of origin. Photographs and footage of endless lines of cars waiting to cross the Romanian–Hungarian border raised concerns about the impact of these repatriations from high-risk zones (StirileProTv.ro, 2020a). In a televised broadcast, Romanian President Klaus Iohannis urged migrants not to return home for Easter. Many migrants who had traveled across Europe to be with their families found out at the border that they would be placed in quarantine or self-isolation right away. Some spontaneous protests erupted, with migrants asking to be allowed to enter the country and continue their journey without mandatory institutionalized quarantine. Entry points continued to be overcrowded through spring and summer, increasing tensions and fears of contamination due to long wait times (anywhere between 5 and 12 hrs), lack of personal protective equipment, and impossibility to socially distance. Migrants continued to apply pressure from below on state authorities to keep the borders open for those wishing to repatriate. Pressures continued even after the lifting of restrictions (mid-May 2020) when unprecedented numbers of returnees overwhelmed border officials across Europe (Digi24.ro, 2020).

The second type of migrant mobilization concerned the rights of CEE essential workers as European citizens. Migrants demanded the reopening of borders. While the protests typically occurred in migrants' homelands, they applied pressure from below on policy-makers in both migrant-sending and migrant-receiving countries. In Poland, hundreds of people who live in Poland and work in Germany protested in late April, in the southwestern town of Zgorzelec, demanding to be exempt from mandatory COVID-19 quarantine (Reuters, 2020). Intra-EU migrant workers also protested at the Gubin crossing point, holding "Open the borders" signs and waving EU flags. In Goerlitz, Germany, family members on both sides of the Polish-German border talked, held hands, hugged, and kissed through the tall fence authorities had raised. Migrants also protested at the Polish-Czech border. These pressures from below amplified the pressures from above exerted by instrumental constituencies at the EU level and national level. The European Commission published guidelines and advice encouraging member states to gradually reopen their economies and borders. Countries where protests took place and where citizens demanded to return to work abroad faced higher pressures than transit countries, like Hungary, where border closures and travel restrictions were less contested. The mechanism of policy change involved a shift in framing and change in the coalition of actors that seeks to influence policy processes and outcomes (Zito, 2018). In this case, instrumental constituencies favor a shift from public health to economic reopening as priority, and policy change happens through pressure and negotiated agreements, rather than through diffusion. EU institutions intervene to teach and guide policy change rather than simply provide models of success. Countries respond to or resist these pressures based on their level of participation in migratory systems and dependence on it.

The third type of migrant mobilization happened predominantly in destination countries and exposed the exploitation of Europe's essential workers. Agreements to lift border restrictions between governments in migrant-sending and migrant-receiving countries increased migrants' precarity and vulnerability. Rushing to reopen as quickly as possible, CEE governments did not demand that Western European employers provide medical comprehensive health insurance for agricultural workers (Pencheva, 2020).

On April 11, a 57-year-old Romanian agricultural worker was found dead in German Baden-Württemberg; he had caught COVID-19 while harvesting asparagus, reportedly asked to be taken to the hospital when he started having trouble breathing, but was ignored. CEE migrant workers complained repeatedly that, despite the terms of the contracts they signed, they lived in overcrowded facilities, lacked protection equipment, had no onsite medical assistance, and were forced to work 14–16 hours a day. Some complained that employers had confiscated their papers making it impossible for them to escape. Work contracts did not include translation in migrants' native language. Employers had promised to pay by the hour; instead, once in the fields, migrants were told they would

be paid by number of harvested kilograms of fruit or vegetables. Journalists reported that, in receiving countries, contractors' haste to get essential workers back to work took precedence over providing adequate protection measures. Employers promised COVID-19 testing, but replaced it with pre-departure temperature checks (Andriescu, 2020). In Germany, some politicians denounced airlifts as an exploitation of migrant workers desperate to make a living. Friedrich Ostendorff, a member of the opposition Greens Party, assessed them as "scandalous and irresponsible in every respect" (Eddy, 2020). "At the moment we have this crazy situation where we actually have better protection for animals than for some of these workers on our farms," declared German Green MEP Daniel Freund (Borges & Huet, 2020). In Germany and Austria, local civil society organizations, churches, trade unions, and charities joined migrants to protest against their plight.

Until recently, Germany received praise for its handling of the COVID-19 pandemic. In late June, however, Europe's biggest slaughterhouse and meatpacking plant, Tönnies, located in Rheda-Wiedenbrück, North Rhine-Westphalia, in Germany's most populous region, was one of the largest European epicenters of the outbreak. In March/April, at the peak of border closures, Germany declared the food production was essential to the country. In March, EU countries declared food supplies a matter of national security, a decision that enabled member states to negotiate agreements for exceptions to lockdowns and international travel bans within the EU. The declaration opened the path for special charter flights that transported tens of thousands of temporary/seasonal workers from Romania, Bulgaria, and Poland across Europe. On April 9, thousands of workers from poor villages around Romania arrived to board low-cost flights departing from Cluj airport. Images of some 2,000 people crowded together, streaming out of crammed buses, and waiting for hours in the regional airport while the country was under a strict lockdown caused uproar (Mutler, 2020). Despite the outrage and the terms of contracts the workers had signed, charter flights continued for weeks without adequate health precautions, personal protection equipment, masking, and social-distancing.

When hundreds of cases were confirmed at Tönnies, company officials rushed to blame migrants who make up the vast majority of employees at the plant, claiming they had taken advantage of travel rule relaxation to visit their families in Eastern Europe and came back infected. This was a lie. Most Eastern European workers arrived during the pandemic, while all international travel was banned. In response to the company's statement, union officials said Tönnies was trying to cover up an outbreak caused by catastrophic, exploitative, and unsanitary working and living conditions (crammed communal housing, no protective equipment, no social distancing etc.) that migrants faced (Jordans & Moulson, 2020). After over 1,550 Tönnies workers tested positive for COVID-19, Germany reimposed lockdown measures in the region.

Instead of receiving help and medical assistance, Eastern European workers endured more abuse, risk, and deprivation. Local authorities called in German Army troops allegedly to help with testing. The North Rhine-Westphalia governor, who had declared just days before, on June 21, that there was no reason to shut down the area around the slaughterhouse, imposed lockdown, shut down the plant, closed schools and daycares, and forced 7,000 Romanian, Bulgarian, and Polish employees and their families into quarantine in the cramped, company-provided dormitories. A tall fence built around the slaughterhouse prevented workers from escaping. Police and other security officials were deployed to enforce the lockdown (Synovitz, 2020). The measures increased contagion risks, making it impossible for employees to take necessary precautions and access medical care.

Other COVID-19 clusters were recorded at a slaughterhouse near the Western city of Gütersloh in North Rhine-Westphalia, where over 1,000 employees tested positive (Tidey, 2020). In late April, a COVID-19 outbreak was reported at slaughterhouse in Birkenfeld, southeastern Germany, where Romanian and Bulgarian workers lived in company-provided dorms and had complained about unsanitary conditions. At least 200 essential workers were infected, and one died. On May 11, the Romanian

Foreign Ministry confirmed a Coronavirus outbreak among Romanian workers at meat-processing facility in Coesfeld, also in North Rhine-Westphalia. The plant, which employed Romanians and Bulgarians, was closed until further notice (Mutler, 2020).

Migrants documented on social media their work conditions. Photos of workers' dorms in Germany and Austria showing crowded bunk beds, moldy food, filthy communal bathrooms with no soap or shower gel, and migrants packed together like sardines in minivans transporting them to the fields horrified public opinion. In April, Eastern European care home workers protested work conditions in Vienna, Austria. In May, Romanian harvest workers went on strike at an asparagus farm near Bonn to demand their wages. They had been promised between 1,500 and 2,000 Euro per month for 3 months when they were hired in March; instead, some workers reported receiving around 500 Euro for 500 hr of work (Arens, 2020). They lived in a remote container village on a filthy site next to a sewage plant and railway line.

The Romanian Ambassador to Berlin, Emil Hurezeanu, blamed the infections on the "whole chain" of subcontractors who intermediated the relationship between employers and employees, making it impossible for workers to complain to employers directly or report horrific living conditions.

Policy-makers at the national and supranational level reacted to migrants' protests and amplified their outrage. In response to reports of exploitation and contract violation, Romanian Labor Minister Violeta Alexandru visited Germany on May 18. Migrants communicated their concerns. The Romanian Labor Minister met with her German counterpart, Hubertus Heil, and with the Food and Agriculture Minister Julia Klöckner. The meeting of labor ministers resulted in a Joint Declaration of Intent on cooperation in labor and social policies. The German Labor Minister Hubertus Heil admitted that the mass infection of Romanian migrant workers was "unacceptable" and said he was "ashamed." He declared that "Romanian workers must have the same right to social protection and safety and health at work," which is a part of Germany's obligations towards intra-EU migrants as a member state (Escritt, 2020). Negotiations with the German Minister of Food, Agriculture, and Consumer Protection resulted in an agreement that there should be no differences between foreign and German employees in terms of housing, health, and safety at work and that all seasonal workers should enjoy the same rights as German workers (as guaranteed in employment contracts). After his meeting with Alexandru, the German Labor Minister presented a legislative project in which he demanded that subcontractors be eliminated to prevent a situation in which four-five subcontractors intermediate between employer and employee, a distance that developed to the detriment of employees (Romania Insider, 2020b).

The Romanian Labor Minister recognized that inspecting working conditions in the EU is an authority left to member states, but emphasized that the EU could use its leverage to drive change in sectors it subsidizes, like agriculture: "I think it is our role in the EU to make sure that the money from the taxpayers at the European level is treated respectfully, including by making verifications and checking that all employees under these contracts covered by European funds have the minimum social protection for the work that they are providing" (Borges & Huet, 2020).

Other migrant-dependent economies like Italy, Spain, and Portugal have also witnessed a second wave of COVID-19 cases, drawing attention to the risks that employees face under loosely regulated sub-contractors (Euronews with AP, 2020). In Italy, when a COVID-19 cluster of 49 cases was discovered in a community of Bulgarian farm workers in the small town of Mondragone, Sicily, the military helped secure the compound where migrants lived. The regional governor declared a "red zone" around the compound, barred residents from leaving, and used fences and cement blocks to keep people in. 13 of the 49 infected Bulgarians managed to escape the compound, despite the fact that the perimeter (including five buildings where over 700 people lived) was guarded around the clock by police and army troops (Matranga, 2020). Hundreds of Bulgarians demonstrated on the streets

inside the cordoned-off area to protest the lockdowns, and ask to be allowed back to work. Tensions increased when Italian locals also gathered to protest, accusing local authorities of being too lenient with Bulgarian migrants (Matranga, 2020).

Migrants' mobilization drew attention from European Union institutions. Pressures from below set the stage for the emergence of renewed pressures from above, this time exerted on the ensemble of intra-EU migratory systems. On June 19, the European Parliament recognized the challenges that essential migrant workers face, and passed a resolution calling for urgent action to safeguard their health and safety. The European Parliament stated that the COVID-19 pandemic had "exposed and exacerbated social dumping and the existing precariousness" for many seasonal, cross-border workers. The Resolution called on the Commission to take action to combat abusive subcontracting practices and to prioritize the full functioning of the European Labor Authority. It also urged member states to strengthen labor inspections and make sure workers have quality housing regardless of their wages (Borges & Huet, 2020). On July 16, the European Commission presented guidelines to ensure the protection of seasonal workers in the EU during the pandemic, and provide guidance to national authorities, labor inspectorates, and social partners to guarantee the rights, health and safety of seasonal workers, and to ensure that seasonal workers are aware of their rights (European Commission, 2020b).

8 | CONCLUSION: DEMOCRACY AND PANDEMIC POLITICS

This article contributes to unpacking state responses to COVID-19 in CEE by exploring how migratory systems and migrants themselves intervene in policy design, decision processes, and patterns of action (Capano et al., 2020). This approach provides a new lens for understanding the pressures from above and from below that national-level decision-makers encounter and negotiate. It reveals the fact that policy diffusion and learning happen faster when the actors involved are countries of origin, transit, and destination in a transnational space where economic integration and labor force mobility occur. Migratory systems contain epistemic communities, but also present countries with opportunities to learn from each other. They create pressures that accelerate policy adaptation: there is no time to waste for a government that faces a large wave of repatriations. Migratory systems subtend formal and informal channels through which learning and the transfer of ideas can occur. They provide opportunities for new coalitions of actors to crystallize and for instrumental constituencies to emerge. They bring together supranational and subnational actors, market and civil society forces, and create spaces for migrants themselves to mobilize.

At the same time, the article also shows how countries' positions in a migratory system can constrain the range of public policies they can consider. Even if Hungary had wanted to completely close its borders, it would have been impossible to implement this policy because Hungary is a transit country for some of the largest intra-EU migratory flows. If Romania or Poland had wanted to prohibit citizens from returning from abroad or from going back to work elsewhere in the EU, they would not have been able to sustain these decisions under pressure coming from citizens, other EU governments, and from the EU itself. While migratory systems provide opportunities for learning and diffusion, they also render countries interdependent in ways that constrain governments' ability to select policies in isolation from one another.

The conflicts surrounding policy change and the tradeoffs between public health and economic reopening are strongly politicized. Epistemic communities of public health experts claim to be objective and always prioritize "truth"; instrumental constituencies can, however, argue that in conditions of uncertainty, policy-making has to consider societal, economic, and political priorities in conjunction

with still-elusive scientific certainties. When authorities invoke indisputable public health expertise, some accuse them of trying to establish “political-medical dictatorship” (Ungureanu, 2020). Policy responses to COVID-19 become a measure of government performance and can shape public trust in incumbents. They can be strategically deployed to gain votes in electoral years and to recalibrate the balance of power between democratic institutions. State of emergency measures suspend democratic processes and disproportionately empower executives; when a public health emergency—like COVID-19—does not have a well-defined time horizon, opportunities for democratic erosion open up every time there is a surge in cases.

In Hungary, strict quarantine measures raised concerns about the continuation of a pattern of executive aggrandizement and power grab by the Orban government (Adam, 2020). In Poland, the government has been accused of using exceptional state of emergency powers and the public anxiety surrounding the pandemic to pass rights-restricting measures while citizens are too distracted to pay attention. Some observers claimed that the government insisted on holding the election as originally scheduled during the pandemic in order for the incumbent Andrzej Duda to benefit from the popularity boost of having managed the pandemic well (before the situation worsens). Opposition leaders said that pandemic conditions prevent effective campaigning, thus reducing the competitiveness of the election, especially if elections were to happen by postal vote, as the populist Law and Justice Party had initially intended (The Economist, 2020a). In Romania, a local opposition leader claimed he was forcibly kept in quarantine “as if under house arrest” by political rivals despite having given two negative test results (Tudorache, 2020). The Constitutional Court and People's Advocate Renate Weber (Romania's ombudsperson) clashed with the cabinet over the constitutionality of COVID-19 fines.

On the one hand, CEE governments try to protect their citizens against the COVID-19 pandemic. They seek to protect both migrants and non-migrants, and do so with limited resources and with often corrupt and inefficient institutional frameworks, in the context of political struggles that render state-of-emergency powers very tempting as potential weapons against political opponents. On the other hand, Eastern European countries want to please their powerful Western European counterparts, demonstrate commitment to European integration, and cultivate economic ties that benefit migrant workers and the governments who need them.

These competing priorities lead to a patchwork approach to public policy, where outcomes appear self-contradictory and mutually undermining (e.g., with national lockdowns being instituted at the same time as special exceptions to international travel bans were made for migrant workers). Supranational economic integration makes it difficult to maintain economic lockdowns. Societies can become divided over migration and relations with the diaspora, over essential workers' rights and duties, over the protections to which migrants and non-migrants are entitled. In the long run, pandemic politics undermine trust in government institutions precisely because public health responses should, in theory, be apolitical. Instead, long-term crises like the current pandemic require countries to tackle the tradeoff between health and economy, while providing little information about how crisis management policies will cease and very few guarantees about how democratic processes will resume once the crisis is over.

At the peak of the Ebola outbreak, some pointed out how little international-level dialogue the disease had generated on balancing state sovereignty, public health protection, and human rights (Paul, 2015). The current pandemic, while captivating public attention, fueling global fears, and creating endless challenges for policy-makers, seems to be yet another missed opportunity to move beyond bilateral arrangements to tackle highly contagious, (and as yet) untreatable diseases. Instead of opting for cooperation and policy harmonization, governments are once again trying to address the current global health emergency through patchwork policies, unilateral measures, and special bilateral arrangements. It remains to be seen whether the European Commission will manage to turn this

crisis into a window of opportunity for deepening and widening European integration (see Camous & Claeys, 2020).

The COVID-19 pandemic has exposed failures of European integration and employer–employee relations that preceded the virus. Temporary and seasonal workers had suffered from exploitation, abuse, and contract violations before, but their precarity had often gone unnoticed. The pandemic transformed poor and overcrowded accommodation, unequal or no access to medical care, and inhumane work conditions into a major risk to public health for many migrant workers. Some argue that European labor market integration creates “a rift in the geography of production and social reproduction” where “tasks of sustaining health, social networks, and social security are relegated to the home country” (Hristova, 2020). Until now, during the COVID-19 pandemic, the costs of caring for Europe's essential workers have disproportionately fallen on Central and Eastern European countries. The situation will likely continue to deteriorate. In early August, there were over 5,600 Romanian citizens in other EU countries confirmed as infected with COVID-19, notably 1,891 in Italy, 570 in Spain, and 2,672 in Germany (the countries with high numbers of essential Romanian migrant workers). In comparison, there were only 4 Romanian citizens infected with Coronavirus in the United States, 18 in Greece, and 124 in France. Epidemics present a mirror in which humanity can see its face (Snowden, 2019). Will Europe cooperate to care for its essential migrant workers, or will they become a problem that Central and Eastern Europe has to deal with alone? The COVID-19 pandemic exposes our profound dependence on migration, even in times of lockdown and border closure. Hopefully, it will not also reveal what disasters can result from governments' failures to cooperate or from a tendency to treat “essential labor” as disposable (Hristova, 2020).

ORCID

Ruxandra Paul  <https://orcid.org/0000-0002-4697-1705>

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